

PART B—ISSUE FEE TRANSMITTAL

1.210.00-142
30.00-561

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS



E ANTHONY FIGG
ROTHWELL FIGG ERNST & KURZ
555 13TH STREET NW
WASHINGTON DC 20004

18M2/0607

~~PATENT AND TRADEMARK OFFICE~~

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
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First Name Applicant	08/335,400	11/03/94	007	ADAMS, D	1806	06/07/95
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TITLE OF INVENTION	PAGE,	MARTIN J.
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A METHOD FOR TREATING A MAMMAL SUFFERING FROM A T-CELL MEDIATED DISORDER WITH A CHO-GLYCOSYLATED ANTIBODY (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 1808163A	424-133.100	M29	UTILITY	NO	\$1210.00	09/07/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Rothwell, Figg,

2 Ernst & Kurz

3

040 BS 09/13/95 08335400

DO NOT USE THIS SPACE

1.142 \$1,210.00 CK

040 BS 09/13/95 08335400

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Burroughs Wellcome Co.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Research Triangle Park, NC

6a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies 10

6b. The following fees should be charged to:

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Barbara G. Ernst

(Date)

Barbara G. Ernst, Reg. No. 30,377

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PART C—CHARGE TO DEPOSIT ACCO

21400-142
30.00-521 B

1. CORRESPONDENCE ADDRESS



18M2/0607

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FILED/RECEIVED
MUNIZ

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED		
First Named Applicant	11/03/94	007	ADAMS, D	1806 106-AE/2		
TITLE OF INVENTION	PAGE	MARTIN J.				
A METHOD FOR TREATING A MAMMAL SUFFERING FROM A T-CELL-MEDIATED DISORDER WITH A CH0-GLYCOSYLATED ANTIBODY (AS AMENDED)						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN-TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1808163A	424-133.1	DO NOT USE THIS SPACE	UTILITY	NO	\$1210.00	09/07/95

040 BS 09/13/95 08335400

1561

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Barbara G. Ernst

Reg. No. 30,377

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